	EX	TERI	NAL UNIT	SUPPORT	REQI	JEST				For use of this form, s Command Training Ma	ee Fort Knox Reg 350-1, magement, 18 Oct 00
DATE RECEIVED:					MUSA	RC/STAT	E:			TOTAL OFF:	TOTAL ENL:
TO: IMSE-KNX-PLO-E DPTMS EUSS		FROM	1:		UNIT O	CDR: POC/PHO	NE #:			ARRIVE DATES ADVANCED:	DEPART DATES MAIN BODY:
BLDG 1477 199 6TH AVE STE 33 FORT KNOX KY 4012		UIC:	ВИГ	OGET POC/PHON		ADDRES				MAIN BODY:	REAR BODY:
1. RANGE REQUIREN	MENTS: U:	se Bloc	k 32 of this foo	m to request tar	net sun	nlies cun	ant to	or 841/841/	1 1/12/11/2	and 443	
RANGE	WEAP		АММО	FROM DATE	T	RT TIME		DATE	END TIM	<u> </u>	LIST BELOW THE
											NOMENCLATURE OF VEHICLES ON RANGES, IN
						·					TRAINING AREAS AND FIRING
2. TRAINING AREA R	EQUIREME	NTS:	List all pyro by	its nomenclaturi	e; use ł	Block 32 i	f you	need more	space		
TRAINING AREA	WEAP	NC	BLANK/PYRO	FROM DATE	STAF	RT TIME	TC	DATE	END TIME	# OF PERS	
						i					
3. FIRING POINTS RE	QUIREMEN	ITS:									
FIRING POINT	WEAPO	ON	АММО	FROM DATE	STAR	RT TIME	ТО	DATE	END TIME	# OF PERS	
4. BIVOUAC SITE REC	QUIREMEN	TS: A	lo track or wher	el vehicles over	2 1/2 to	ons. No	factica	il training i	or use of py	ro. Strictly admi	n only.
BIV	OUAC SIT	E.		FROM DATE	STAR	RT TIME	ТО	DATE	END TIME	# OF PERS	AMMO, WEAPONS AND
											STORED INSIDE OF BIVOUAC SITE; PLEASE
5. RANGE SAFETY CI Briefings heid at 05	900, Mon a	and Fri,	weekly.	DATE		# OF P	ERS	D	ATE	# OF PERS	INDICATE IF SO, USE BLOCK 32 OF THIS FORM TO LIST ITEMS.
TRAINING AREA 3. FIRING POINTS RE FIRING POINT 4. BIVOUAC SITE REG BIV	WEAPO WE	ITS: A	ASS: weekly.	FROM DATE FROM DATE FROM DATE FROM DATE FROM DATE	STAF	RT TIME RT TIME ons: No	TO	DATE DATE DATE	END TIME	# OF PERS # OF PERS # OF PERS	AMMO, WEAPONS PYRO MA' STORED IN OF BIVOU, SITE; PLEA INDICATE USE BLOC THIS FORM

6. WASH RACK REQUIREMENTS:	DATE/	TIME REQU	JIRED	AM	IT OF T	IME NEEDED	# OF	WHEELS	# OF TI	RACKS	CHECK THI	WASHRACK NEEDED:
Rack hours,			·				-					WILSON/FRAZIER
0800-1600, daily.										DORRETS RUN		
7. MEDICAL REQUIR	REMENTS:	High sch	ool and co	ollege	ROTC L	ınits only.			I			
FROM DATE	ATE	LOCAT	ION	ME	EDIC		FLA		REMARKS			
			· ·									
8. PORTABLE LATR Comt (502)624-53	INES: Unii	's must co	ordinate i	directly	y with c	contractor. C	ontact l	EUSS for in	 formatio	n packet	, DSN 464 <u>5</u>	i953,
9. SATELLITE DININ		Y SUPPOR	T: (If no	ot sate	ellite me	ss. indicate n	umher (of RAG ME	AIs MR	Fs or M	FRMITEs nei	orlad I
DATE REQUIR	000000000000000000000000000000000000000		REAKFA	***************************************	200000000000000000000000000000000000000	OF LUNCH		# OF DIN				EMARKS
												
				-								
10. NONTACTICAL	VEHICI E C	LIDDODT I	DIIC CET	VARI V	/ARIV. /	16 b						
minimum of 30 days	before trai	ning dates	.)	(A) (A)	/ A19).	н раз зарран	require	ni, requesi	អាជ្ញ បារាជេ	nust pro	VIGE EUSS A	Dus itinefary at a
TYPE VEHICLE		OM ŒME	D.4	TO	45	# OF PERS		1	MATE			
REQUIRED	DATE	/TIME	DA	TE/TIN	VIE	TRANSPOR	RTED	MILE	AGE		R	EMARKS
At COURSENT DE	cres	rancoa										
11. EQUIPMENT REG before training event.) JOE21ED:	IFURSCO	M Form	100-H,	. Heque,	st for Equipmi	ent, mu	st be subn	nitted thr	ough the	unit's MUS.	ARC/State 150 days
	NONAENIC	N ATUDE				OTV		PICK-UP			JRN-IN	ESTIMATE
	NOMENO	LATURE				QTY	- DF	ATE/TIME		DA	TE/TIME	MILEAGE
	·											
	<u></u>											
								-				

12. BARRACKS	# OF MA	LE SOLI	DIERS:	OF FEMAL	E SOLDIE	RS:	TOTAL:							
13. BUILDING RI	MENTS:	HOW N	IANY	REQUIRED	IE TUI	RN-IN DAT	TE/TIME	ADDITIONAL EQUIPMENT REQUIRED						
ORDERLY R	оом													
ARMS ROOF	VI													
SUPPLY RO	ом													
DINING FAC	ILITY									Sate	ellite Dining Su	pport, use Block 9.	_	
CLASSROOM: (CAPACITY)										Classrooms in Skidgel, Boudinot, and Gaffey Halls; use Block 32 to request these resources.				
MAINT BLD	G.				-									
MOTOR POO (# OF TRAC)								IND	ICATE WHICH	ONE: MOTOR POOL		
(# OF WHEE	LS)									_	MOTOR POOL		
14. NBC CHAME	BER: <i>Ui</i>	nit must prov	ide their ov	vn qual	ified instructor	r and CS t	ablets.							
FROM DATE	FRO	M TIME	TO DATI	E	TO TIME	# (OF PERS	Т	YPE OF TE	RAINI	NG THAT WIL	L BE CONDUCTED		

15. MOBILE TRA	dNING :	TEAM (MTT)	ASSISTAN	ICE: Us	se Block 32 fo	r funding	Informatic	in.						
TRAINING REQU	TRAINING REQUIRED TRAINI LOCAT				TART TE/TIME	COMPL DATE		MOS	# OF INS		# PERS TO BE TRAINED	REMARKS:		
		-												
16. TSFO TRAIN (example) PE PRA	ER: 2 CTICE,	trainers availa WORM FOR	able, 1 at . MULA, and	Skidgel I BASIC	(automatic) ar CALL FOR FI	nd 1 at He RE. Minin	older (man num of 15	ual). You persons	nust indii to be train	sate i ed at	the type of trai	ning required:		
WHICH		STAF	1				# OF	1	S OF	TSFO OPERATING HOURS ARE				
TRAINER		DATE/1	TIME	[DATE/TIME		PERS	P	ERS			. USE THIS BLOCK TYPE OF TRAININ		
										REO	UIRED.			
			_											
									··· · · · · · · · · · · · · · · · · ·					

17. SIMULATION REQUI	REMENTS: (In	idicate start and end	time per each a	late; please no bloc	ck times)		
TYPE OF SIMULATOR	# REQUIRED	FROM DATE/TIME	TO DATE/TIM	ME # OF PERS	# OF I/O'S	OC TM Yes or No	OPERATING HOURS OF SIMULATORS:
						-	ONVOEATORIS.
							<u>CCTT</u> Mon-Fri
							Weekends: Fri 1800-2200
							Sat 0600-2400 Sun 0800-1200
							MWSTC 0800-1600
							Weekends: Fri 1800-2300
							Sat 0700-2400
							Sun 0800-1600
							M1/M1A1/PGT COFT Mon-Sun 0800-2100
							M3 COFT
							Mon-Fri 0800-2100 Sat 8 hrs per day
							Sun 8 hrs per day
· · · · · · · · · · · · · · · · · · ·							NOTE: No I/O support for M3 COFT.
							TDS
							Sat 0800-1600 Sun 0800-1600
							BBS and JANUS
18. HET VEHICLE SUPPO	NAT: Transport	t track uphicle TO an	e EROM ranges	and training			Daily 0800-1600
areas. Submit HET Requi		traus vortone ro c	21110m ranges	and training	YES		NO
19. FUEL: DD Form 448	must be receiv	red by DRM before to	raining. Estimat	e # of Gals.	DIESEL:		JP 8:
20. MILES EQUIPMENT F	REQUESTED: S	iubmit FK FORM 504	17-R-E	YES	NO		
21. LAUNDRY - FORT KN	VOX BED LINEN	NS: YES	NO [
22. CUSTOMER-OWNED	EQUIPMENT D	S/GS MAINTENANC	E: YES	S NO			
23. BARRACKS CLEANIN	NG SUPPLIES RI	EQUIRED:	YES 1	NO			
24. GENERAL OFFICE SU	JPPLIES REQUIF	RED: YES	NO			-	
25. TRAINING AIDES - S	PECIAL REQUIF	REMENTS:	YES 1	NO			
26. ICE: YES	NO	Unit must register i	DODAAC with 1	「ISA, submit Signa	ture Cards and	t DA Form 3	161.
27. OFFICE EQUIPMENT	REQUIREMENT	S:					
EQUIPM	IENT REQUIRED)	QTY	FROM DA			
							RANDUM TO EUSS D DAYS PRIOR TO
						TRAIN	ING DATE. CONTACT
							5 EUSS AT 624-5953 OR
						— DSN 46	64-5953
						-	
28. MEDICAL SUPPLIES:	YES	NO NO		4.4			: MEDDAC Supply at
29. AUDIO VISUAL EQU			10			Contact	24-9376 or DSN 464-9376 EUSS at (502)624-5953 or
		129				DSN 464	4-5953

30 COMMUNICATIONS SERVICES - LONG DISTANCE:			ANCE:	YES NO					Contact EUSS at (502)624-5953 or				
ADDITIONAL PHONE I	.ines requi	RED:			YES		NO				DSN 464-59	953	
31. POSTAL SERVICES:	YES		NO								Contact DO or DSN 464	IM Postal at -1349	(502)624-1349
32. OTHER: Use this block	k to provide	additional	informati	on on	any of	the subj	ects list	ed on i	this form				
•													
	· · · · · · · · · · · · · · · · · · ·							.==					
33. USAR ARNG	AC	TIVE COM	PUNENT	Ш	USN	۱ <u> </u>	ОТІ	1ER	Ш	STATUS	S: AT		DT